

State of California



Fair Political Practices Commission

P.O. BOX 807 • SACRAMENTO, 95804 • • • 1100 K STREET BUILDING, SACRAMENTO, 95814

Technical Assistance • • Administration • • Executive/Legal • • Enforcement
(916) 322-5662 322-5660 322-5901 322-6441

June 1, 1984

Assemblyman Art Agnos
State Capitol, Room 3151
Sacramento, CA 95814

Re: Advice Letter No. A-84-149

Dear Assemblyman Agnos:

Thank you for your letter dated May 24, 1984, concerning the campaign statements of Californians for Justice, a committee which you control. You included a copy of the Committee's most recent campaign statement, covering the period March 18, 1984, through May 24, 1984. On Schedule A (Monetary Contributions Received), the names, addresses and employers of the contributors were intentionally deleted. You stated in your letter that you believe that "public disclosure of these contributors may place these individuals at risk of their personal safety as well as personal property."

The Commission does not have the authority to exempt the committee from any of the campaign disclosure requirements of the Political Reform Act. At one time, the Commission did have a procedure for granting exemptions from the requirements for disclosure of contributors' identities for reasons such as the ones you raise in your letter. The Commission's procedure was based upon the United States Supreme Court's ruling (Buckley v. Valeo, 424 U.S. 1 (1976)) that such exemptions may be constitutionally required in some circumstances. However, the Commission's authority to grant exemptions was repealed by the Legislature in 1977, when it enacted Section 84400 of the Political Reform Act:

Notwithstanding any other provision of the law, the commission shall have no power to exempt any person, including any candidate or committee, from any of the requirements imposed by the provisions of this chapter.

Gov. Code Section 84400.

Assemblyman Art Agnos
June 1, 1984
Page 2

Since the enactment of Section 84400, only the courts may grant the type of exemption from the disclosure requirements that you have requested. The Commission is under a continuing obligation to enforce the disclosure provisions of the Political Reform Act with respect to all committees absent a judicial determination exempting a committee from the Act's disclosure requirements.

You stated in your letter that you are willing to provide the contributor information to the Commission and its staff at any time upon our guarantee and assurance that the information will be kept confidential. Since the Commission may not grant exemptions from disclosure, and the Act clearly provides for full disclosure of the information that you omitted from the campaign statement, we can not agree to keep the information confidential. As you know, the paramount purpose of the Political Reform Act is to provide for full disclosure of all campaign contributions and expenditures, and, absent a court order, we may not make agreements which contravene this purpose.

We hope that you understand that, no matter how sympathetic we may be to your concerns, the Commission has no choice at this time other than to enforce the Act's campaign disclosure requirements against Californians for Justice. Therefore, if you believe that your committee is entitled to an exemption from the disclosure requirements of the Act, we suggest that you ask the courts for a declaratory judgment to that effect. If you would like to discuss this matter further, please feel free to contact me at (916) 322-5901.

Sincerely,



Barbara A. Milman
General Counsel

BAM:plh
cc: Marian Ash

SACRAMENTO ADDRESS
STATE CAPITOL
SACRAMENTO 95814
(916) 445-8253

DISTRICT OFFICE
1064 STATE BUILDING
350 McALLISTER
SAN FRANCISCO, CA 94102
(415) 557-2253

COMMITTEES:
AGING
ELECTIONS AND REAPPORTIONMENT
FINANCE, INSURANCE & COMMERCE
RULES
WAYS AND MEANS C

Assembly California Legislature

MAY 29 2 38 PM '84



ART AGNOS
ASSEMBLYMAN, SIXTEENTH DISTRICT

DEMOCRATIC CAUCUS SECRETARY
CHAIRMAN

WAYS AND MEANS SUBCOMMITTEE ON HEALTH AND WELFARE

May 24, 1984

Mr. Dan Stanford
Chairman
Fair Political Practices Commission
1100 K Street
Sacramento, California 95814

Dear Dan:

In accordance with the law and our telephone conversation today, I have prepared and am submitting the campaign contribution/spending report for the period March 18, 1984 through May 24, 1984.

As we discussed, in submitting the report the names and addresses listed on the reports have been deleted.

This is necessary in view of the death threats to me and my family both written and verbal, and the vandalism to my capital residence which has occurred since the passage of AB 1, my bill which would have outlawed discrimination in employment practices based upon sexual orientation.

In view of those threats and attacks on my capital residence, and in view of the fact that many of those contributing to Californians for Justice have done so to assist in the enactment of AB 1, I believe that public disclosure of these contributors may place these individuals at risk of their personal safety as well as personal property.

All other required information is contained on the report as prescribed by law.


Mr. Dan Stanford
Page 2
May 24, 1984.

I am most willing to cooperate with your commission to provide the names and addresses to your auditors, accountants, Commission staff members or the Commissioners themselves at any time in order to facilitate full investigation of any facts they may wish to certify.

I am also willing to make the names and addresses available to the Commission upon your assurance and guarantee that they will remain sealed in your files.

I am available to discuss this issue with you at your convenience.

Sincerely,

A handwritten signature in dark ink, appearing to be 'Art Agnos', written over the word 'ART AGNOS'.

ART AGNOS

Enclosure

cc: Office of the Secretary of State
Political Reform Division



FILE AN ORIGINAL AND ONE COPY OF THIS FORM WITH:

Secretary of State
Political Reform Division
P. O. Box 1467
Sacramento, CA 95807

Form 410
1984

STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)
(Government Code Section 84101-84103)

802246

IF AMENDMENT
ENTER I.D. NUMBER

(Type or Print in Ink)

FULL NAME OF COMMITTEE:

Californians for Justice

STREET ADDRESS OF COMMITTEE:
(NOT P.O. BOX)

NO. AND STREET

CITY

STATE

ZIP CODE

COUNTY:

637 Connecticut Street San Francisco, CA 94107 San Francisco

DATE QUALIFIED AS COMMITTEE (MO., DAY, YR.):

AREA CODE

PHONE NUMBER

A

OFFICIAL USE ONLY

B

OFFICIAL USE ONLY

October 19, 1980

(415) 824-6936

I TREASURER AND OTHER PRINCIPAL OFFICERS

| POSITION | NAME AND PERMANENT STREET ADDRESS | (AREA CODE) | PHONE NO. |
|-----------|--|-------------|-----------|
| TREASURER | James Foster 1952 - 15th Street San Francisco, CA 94114 | (415) | 626-4512 |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

II IS THIS A CONTROLLED COMMITTEE?

(A controlled committee is one which is controlled directly or indirectly by a candidate or a proponent of a state ballot measure or which acts jointly with a candidate, controlled committee or proponent of a state ballot measure in connection with the making of expenditures. A candidate or proponent of a state ballot measure controls a committee if he or she, his or her agent, or any other committee he or she controls, has a significant influence on the actions or decisions of the committee.)

☒ YES (Complete Section III below)

☐ NO (Section III is not applicable)

III CANDIDATES OR STATE MEASURE PROPONENTS CONTROLLING THIS COMMITTEE; CANDIDATES, STATE MEASURE PROPONENTS OR COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY.

NOTE: If this committee is controlled by more than one candidate, the name of each controlling candidate must be listed below.

| NAME OF CANDIDATE, STATE MEASURE PROPONENT OR COMMITTEE | IDENTIFICATION NUMBER OF COMMITTEE OR TREASURER'S NAME AND PERMANENT STREET ADDRESS |
|---|---|
| Art Agnos, Assemblyman | #802246 |
| | |
| | |
| | |
| | |

Attach additional information on appropriately labeled continuation sheets.

IV PERSONS OR ORGANIZATIONS, IF ANY, WITH WHICH THIS COMMITTEE IS AFFILIATED OR CONNECTED

| NAME AND STREET ADDRESS | (AREA CODE) | PHONE NO. |
|-------------------------|-------------|-----------|
| | | |
| | | |
| | | |
| | | |

Attach additional information on appropriately labeled continuation sheets.

YOU MUST COMPLETE THE VERIFICATION ON PAGE 2

For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act," Part X.

v

[illegible]

Attach additional information on appropriately labeled continuation sheets.

VI COMMITTEE'S PRINCIPAL ACTIVITY IF NOT SUPPORTING OR OPPOSING SPECIFIC CANDIDATES OR MEASURES

Attach additional information on appropriately labeled continuation sheets.

VII IN THE EVENT OF TERMINATION, WHAT DISPOSITION WILL BE MADE OF SURPLUS FUNDS?

VERIFICATION

I declare under penalty of perjury that to the best of my knowledge this statement is true, correct and complete and that I have used all reasonable diligence in its preparation.

Executed on March 20, 1984 at San Francisco, CA
(DATE) (CITY AND STATE)

James M. Foster
(SIGNATURE OF TREASURER)



Form 420
1984

**RECIPIENT COMMITTEE
CAMPAIGN STATEMENT**
(Government Code Sections 84200-84217)

For use by recipient committees which receive a cumulative
contribution of \$100 or more from a single source.

(Type or Print in Ink)

Statement covers period from 3/18/84 through 5/24/84

A OFFICIAL USE ONLY

NAME OF COMMITTEE:

Californians for Justice

I.D. NUMBER

802246

ADDRESS OF COMMITTEE:

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE

PHONE NUMBER

637 Connecticut Street, San Francisco, CA 94107

(415) 824-6936

NAME OF TREASURER:

James M. Foster

PERMANENT ADDRESS OF TREASURER:

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE

PHONE NUMBER

1952-15th Street, San Francisco, CA 94114

(415) 626-4512

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE):

June 5, 1984

TOTAL PAGES

39

SPONSORING ORGANIZATION (IF APPLICABLE):

II IS THIS A CONTROLLED COMMITTEE?

(A controlled committee is one which is controlled directly or indirectly by a candidate or a proponent of a state ballot measure or which acts jointly with a candidate, controlled committee or proponent of a state ballot measure in connection with the making of expenditures. A candidate or proponent of a state ballot measure controls a committee if he or she, his or her agent, or any other committee he or she controls, has a significant influence on the actions or decisions of the committee.)

☒ YES (Complete Section III below)

☐ NO (Section III is not applicable)

III CANDIDATES OR STATE MEASURE PROPONENTS CONTROLLING THIS COMMITTEE; CANDIDATES, STATE MEASURE PROPONENTS OR COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY.

NOTE: If this committee is controlled by more than one candidate, the name of each controlling candidate must be listed below.

NAME OF CANDIDATE, STATE MEASURE
PROPONENT OR COMMITTEE

IDENTIFICATION NUMBER OF COMMITTEE OR TREASURER'S
NAME AND PERMANENT STREET ADDRESS

Art Agnos, Assemblyman

ID# 802246

Attach additional information on appropriately labeled continuation sheets.

VERIFICATION

C

I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and that I have used all reasonable diligence in their preparation.

D

Executed on 5/22/84 at San Francisco, CA by James M. Foster
(DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)

E

A candidate or officeholder who controls a committee must also verify the campaign statement.

F

I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and the treasurer of this committee has used all reasonable diligence in the preparation of this statement and its schedules.

Executed on 5/23/84 at Sacramento, CA by [Signature]
(DATE) (CITY AND STATE) (SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

List all contributions (including loans) and independent expenditures itemized on Schedules E and F to support or oppose officeholders, candidates and ballot measures (other than those controlling this committee or for which this committee is primarily formed). Indicate the date of the expenditure, the office sought or held (or the measure's number or letter and if local measure, city or county), the amount of the expenditure and the cumulative amount to date. The "Cumulative to Date" column should include the sum total of expenditures for or against each candidate or measure since January 1 of the current calendar year. (See "Information Manual on Campaign Disclosure" for discussion and examples of "cumulation.")

[illegible]

Attach additional information on appropriately labeled continuation sheets.

CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

| | |
|--------------------------|---------|
| STATEMENT COVERS PERIOD | |
| FROM | THROUGH |
| 3/18/84 | 5/24/84 |
| I.D. NUMBER OF COMMITTEE | |
| 802246 | |

NAME OF CANDIDATE OR COMMITTEE
Californians for Justice

| | COLUMN A Cumulative total from previous period* | COLUMN B Total this period from attached schedules | COLUMN C Cumulative to date (Columns A + B) |
|--|--|---|---|
| CONTRIBUTIONS RECEIVED | | | |
| 1. Monetary contributions | \$ 1,319.88 | \$ 13,983.90 <small>SCHEDULE A, LINE 1</small> | \$ 15,303.78 |
| 2. Loans | -0- | -0- <small>SCHEDULE B, LINE 1</small> | -0- |
| 3. Subtotal | \$ 1,319.88 <small>LINES 1 - 2</small> | \$ 13,983.90 <small>LINES 1 - 2</small> | \$ 15,303.78 <small>LINES 1 - 2</small> |
| 4. Non-monetary contributions | -0- | -0- <small>SCHEDULE C, LINE 1</small> | -0- |
| 5. Pledges | -0- | -0- <small>SCHEDULE D, LINE 1</small> | -0- |
| 6. TOTAL CONTRIBUTIONS | \$ 1,319.88 <small>LINES 1 - 5</small> | \$ 13,983.90 <small>LINES 1 - 5</small> | \$ 15,303.78 <small>LINES 1 - 5 (SHOULD EQUAL COLUMNS A + B)</small> |
| EXPENDITURES MADE | | | |
| 7. Payments | \$ 1,916.31 | \$ 12,798.06 <small>SCHEDULE E, LINE 1</small> | \$ 14,714.37 |
| 8. Accrued expenses (unpaid bills) | -0- | -0- <small>SCHEDULE F, LINE 1</small> | -0- |
| 9. TOTAL EXPENDITURES | \$ 1,916.31 <small>LINES 7 - 8</small> | \$ 12,798.06 <small>LINES 7 - 8</small> | \$ 14,714.37 <small>LINES 7 - 8 (SHOULD EQUAL COLUMNS A + B)</small> |

*If this is the first report filed for the calendar year, Column A should be blank except for unpaid loans, bills and pledges.

STATEMENT OF CHANGES IN FINANCIAL CONDITION

| | |
|--|-------------|
| 10. Cash on hand at the beginning of this period. (Line 14 of previous statement) | \$ 318.82 |
| 11. Cash receipts this period (Line 3, Column B above) | 13,983.90 |
| 12. Miscellaneous adjustments to cash (Schedule G, Line 7) | < 12.50 > |
| 13. Cash payments this period (Line 7, Column B above) | 12,798.06 |
| 14. Cash on hand at closing date (Lines 10+11+12-13 above)* | 1,492.16 |
| 15. Outstanding debts (Line 2 + Line 8 of Column C above) | -0- |
| 16. Ending surplus (if Line 14 is greater than Line 15, subtract Line 15 from Line 14). | \$ 1,492.16 |
| 17. Ending deficit (if Line 15 is greater than Line 14, subtract Line 14 from Line 15) | \$ (-0-) |

*Ending cash on hand should not be a negative amount.

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

| | 1/1 thru 6/30 | 7/1 to date |
|-----------------------------|---------------|-------------|
| 18. CONTRIBUTIONS RECEIVED: | 15,303.78 | |
| 19. EXPENDITURES MADE: | 14,714.37 | |

SCHEDULE A

**MONETARY CONTRIBUTIONS RECEIVED
FORM 420, 430 OR 490**

(Amounts May Be Rounded To Whole Dollars)

| STATEMENT COVERS PERIOD | |
|-------------------------|---------|
| FROM | THROUGH |
| 3/18/84 | 5/24/84 |

NAME OF CANDIDATE OR COMMITTEE:
Californians for Justice

I.D. NUMBER (IF COMMITTEE)
802246

| DATE REC'D | FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)</small> | OCCUPATION | EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT | |
|---------------|--|---------------------------------|---|----------|-----------------------|
| | | | | RECEIVED | CUMULATIVE TO DATE |
| /1/84 | [REDACTED] | newspaper owner/ investor | [REDACTED] | 1,000 | 1,000 |
| /1/84 | [REDACTED] | Optician | [REDACTED] | 200 | 200 |
| /1/84 | [REDACTED] | Investor | [REDACTED] | 100 | 100 |
| /1/84 | [REDACTED] | owner | [REDACTED] | 100 | 100 |
| /1/84 | [REDACTED] | | | 100 | 100 |
| /1/84 | [REDACTED] | Retired | | 100 | 100 |
| /1/84 | [REDACTED] | training writer | [REDACTED] | 100 | 100 |
| SUBTOTAL | | | | 1,700 | |

☒ If more space is needed, check box at left
and attach additional Schedules A.

SUMMARY

| | |
|--|-------------|
| 1. AMOUNT RECEIVED - CONTRIBUTIONS OF \$100 OR MORE (Include all Schedule A subtotals) | \$ 8,507.90 |
| 2. AMOUNT RECEIVED - CONTRIBUTIONS OF LESS THAN \$100 (Not itemized) | 5,476.00 |
| 3. TOTAL MONETARY CONTRIBUTIONS THIS PERIOD (Line 1 + Line 2) Enter here and on Line 1 Column B of Summary Page | \$13,983.90 |

SCHEDULE A

MONETARY CONTRIBUTIONS RECEIVED
(CONTINUATION SHEET)

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD

FROM 3/18/84 THROUGH 5/24/84

NAME OF CANDIDATE OR COMMITTEE:

Californians for Justice

I.D. NUMBER (IF COMMITTEE)

802246

| DATE REC'D | FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER OF TREASURER'S NAME AND ADDRESS) | OCCUPATION | EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT | |
|---------------|--|---------------------|---|----------|-----------------------|
| | | | | RECEIVED | CUMULATIVE TO DATE |
| 5/1/84 | [REDACTED] | Retired | | 100 | 100 |
| /1/84 | [REDACTED] | Owner | [REDACTED] | 100 | 100 |
| /1/84 | [REDACTED] | Psychiatrist | [REDACTED] | 100 | 100 |
| /1/84 | [REDACTED] | Computer Analyst | [REDACTED] | 100 | 100 |
| /1/84 | [REDACTED] | Cabinet Builder | SELF employed | 100 | 100 |
| /1/84 | [REDACTED] | owner | [REDACTED] | 100 | 100 |
| 5/1/84 | [REDACTED] | retired | | 100 | 100 |
| /14/84 | [REDACTED] | Gen. Mgr. | [REDACTED] | 100 | 100 |
| /14/84 | [REDACTED] | Retired | | 100 | 100 |
| /16/84 | [REDACTED] | physician | [REDACTED] | 250 | 250 |
| /28/84 | Friends of Art Agnos | | | | |
| /5/84 | 637 Connecticut St. | | ID#747235 | 5,557.90 | 5,557.90 |
| /9/84 | San Francisco, CA 94107 | | (4 checks) | | |
| /24/84 | | | | | |

☒If more space is needed, check box at left
and attach additional Schedules A.

SUBTOTAL

6,707.90

**MONETARY CONTRIBUTIONS RECEIVED
(CONTINUATION SHEET)
FORM 420, 430 OR 490**

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD

| FROM | THROUGH |
|---------|---------|
| 3/18/84 | 5/24/84 |

NAME OF CANDIDATE OR COMMITTEE:
Californians for Justice

I.D. NUMBER (IF COMMITTEE)
802246

[illegible]

LOANS

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM THROUGH

3/18/84 5/24/84

NAME OF CANDIDATE OR COMMITTEE:

Californians for Justice

I.D. NUMBER (IF COMMITTEE)

802246

PART 1 - LOANS RECEIVED

| DATE REC'D | FULL NAME AND ADDRESS OF LENDER AND ANY GUARANTORS OR COSIGNERS (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS) | OCCUPATION | EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | INT. RATE | AMOUNT OF LOAN | CUMULA- TIVE TO DATE |
|--------------------------|--|------------|---|--------------|-------------------|----------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| <input type="checkbox"/> | If more space is needed, check box at left and attach additional Schedules B, Part 1. | | | SUBTOTAL | -0- | |

PART 2 - LOANS REPAID, FORGIVEN, OR PAID BY A THIRD PARTY:

| DATE | FULL NAME AND ADDRESS OF THE LENDER | (a) AMOUNT REPAID | ENTER THIS DATA ON SCHEDULE A ALSO | | UNPAID BALANCE |
|--------------------------|---|-------------------------|---|------------------------------|-------------------|
| | | | (b) AMOUNT FORGIVEN OR PAID BY THIRD PARTY | THIRD PARTY NAME AND ADDRESS | |
| | | | | | |
| | | | | | |
| | | | | | |
| <input type="checkbox"/> | If more space is needed, check box at left and attach additional Schedules B, Part 2. | | (a) -0- | (b) -0- | |
| | SUBTOTAL | | | | |

SUMMARY

| | | |
|--|----|-----|
| 1. LOANS OF \$100 OR MORE THIS PERIOD (Part 1) | \$ | -0- |
| 2. LOANS UNDER \$100 THIS PERIOD (Not itemized) | | -0- |
| 3. TOTAL LOANS RECEIVED THIS PERIOD (Line 1 + 2) | | -0- |
| 4. LOANS OF \$100 OR MORE REPAID THIS PERIOD (Part 2, Column (a)) | | -0- |
| 5. LOANS OF \$100 OR MORE THIS PERIOD FORGIVEN OR PAID BY A THIRD PARTY (Part 2, Column (b)) | | -0- |
| 6. LOANS UNDER \$100 REPAID, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Not itemized) (Also enter this amount on Line 2 of Summary section of Schedule A) | | -0- |
| 7. TOTAL LOANS REPAID, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Line 4 + 5 + 6) | | -0- |
| 8. NET CHANGE THIS PERIOD (Subtract Line 7 from Line 3) Enter the difference here and on Line 2, Column B of Summary Page | \$ | -0- |

(May be
negative figure)

NON-MONETARY CONTRIBUTIONS RECEIVED

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

| STATEMENT COVERS PERIOD | |
|-------------------------|--------------------|
| FROM 3/18/84 | THROUGH 5/24/84 |

NAME OF CANDIDATE OR COMMITTEE:

Californians for Justice

I.D. NUMBER (IF COMMITTEE)

802246

| DATE REC'D | FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)</small> | OCCUPATION | EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | DESCRIPTION OF GOODS OR SERVICES | FAIR MARKET VALUE RECEIVED | CUMU- LATIVE AMOUNT |
|---------------|--|------------|---|-------------------------------------|-------------------------------------|---------------------------|
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| SUBTOTALS | | | | | -0- | |

☐

If more space is needed, check box at left
and attach additional Schedules C.

SUMMARY

| | | | |
|--|----|-----|--------|
| 1. NON-MONETARY CONTRIBUTIONS OF \$100 OR MORE THIS PERIOD. | \$ | -0- | |
| 2. NON-MONETARY CONTRIBUTIONS UNDER \$100 THIS PERIOD (Not itemized). | | -0- | |
| 3. TOTAL NON-MONETARY CONTRIBUTIONS THIS PERIOD (Line 1 + 2) Enter here and on Line 4, Column B of Summary Page | | -0- | \$ -0- |

SCHEDULE D

PLEDGES

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

| STATEMENT COVERS PERIOD | |
|-------------------------|---------|
| FROM | THROUGH |
| 3/28/84 | 5/24/84 |

NAME OF CANDIDATE OR COMMITTEE:

Californians for Justice

I.D. NUMBER (IF COMMITTEE)
802246

| DATE REC'D | FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS) | OCCUPATION | EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT PLEGGED THIS PERIOD | AMOUNT PAID (ALSO ENTER ON SCHEDULE A) | CUMU- LATIVE PLEGGED UNPAID |
|---|--|------------|---|-------------------------------------|--|--------------------------------------|
| | | | | | | |
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| <input type="checkbox"/> If more space is needed, check box at left and attach additional Schedules D. | | | | (a) SUBTOTALS -0- | (b) -0- | |

SUMMARY

| | | |
|---|----|-------|
| 1. PLEDGES OF \$100 OR MORE THIS PERIOD (Column (a)) | \$ | -0- |
| 2. PLEDGES UNDER \$100 THIS PERIOD (Not itemized) | | -0- |
| 3. TOTAL PLEDGES RECEIVED (Line 1 + 2) | | -0- |
| 4. PLEDGES OF \$100 OR MORE PAID THIS PERIOD (Column (b)) | | -0- |
| 5. PLEDGES UNDER \$100 PAID THIS PERIOD (Not itemized) (Also enter on Line 2 of the summary section of Schedule A) | | -0- |
| 6. TOTAL PLEDGES PAID (Line 4 + 5) | | -0- |
| 7. NET CHANGE THIS PERIOD (Subtract Line 6 from Line 3) Enter the difference here and on Line 5, Column B of Summary Page. | | \$-0- |

(May be
negative figure)

PAYMENTS AND CONTRIBUTIONS MADE

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

| STATEMENT COVERS PERIOD | |
|----------------------------|---------|
| FROM | THROUGH |
| 3/18/84 | 5/24/84 |
| I.D. NUMBER (IF COMMITTEE) | |
| 802246 | |

NAME OF CANDIDATE OR COMMITTEE:
Californians for Justice

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the *Information Manual on Campaign Disclosure* for detailed explanations and examples of each category.

- | | |
|--|---|
| <p>"C" - CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES</p> <p>"I" - INDEPENDENT EXPENDITURES</p> <p>"L" - LITERATURE</p> <p>"B" - BROADCAST ADVERTISING</p> <p>"N" - NEWSPAPER AND PERIODICAL ADVERTISING</p> <p>"O" - OUTSIDE ADVERTISING</p> | <p>"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS</p> <p>"F" - FUNDRAISING EVENTS</p> <p>"G" - GENERAL OPERATIONS AND OVERHEAD</p> <p>"T" - TRAVEL, ACCOMMODATIONS AND MEALS</p> <p>"P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES</p> |
|--|---|

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

IMPORTANT: Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of these payments on Line 3 of the Summary section, below.

| NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR NAME AND ADDRESS OF TREASURER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|--------------------------------------|----------------|
| Post Master General 1300 Evans Street San Francisco, CA | L | (3 checks) | 2,775.00 |
| Allen's Press Clipping Bureau 657 Mission Street San Francisco, CA 94105 | I | Press clipping service (3 checks) | 110.00 |
| The Women's Press 50 Otis Street San Francisco, CA 94103 | L | | 2,832.90 |
| | | | |
| Lesbian/Gay Freedom Day Committee 766 Valencia Street San Francisco, CA 94110 | I | Parade application fee | 100.00 |
| SUBTOTAL | | | 5,823.90 |

☒ If more space is needed, check box and attach additional Schedules E.

IMPORTANT: Contributions and expenditures on behalf of other candidates or committees must also be entered in the allocation section at the front of the campaign statement.

SUMMARY

| | |
|---|--------------|
| 1. Payments of \$100 or more made this period (Include all Schedule E Subtotals) | \$ 12,766.11 |
| 2. Payments under \$100 this period (not itemized) | \$ 31.95 |
| 3. Total Accrued Expenses paid this period (Schedule F, Line 4) | \$ -0- |
| 4. Total Payments this period (Line 1 + 2 + 3) Enter here and on Line 7, Column B of Summary Page | \$ 12,798.06 |

PAYMENTS AND CONTRIBUTIONS MADE

(CONTINUATION SHEET)

FORM 420, 430 OR 490)

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD

FROM 3/18/84 THROUGH 5/24/84

NAME OF CANDIDATE OR COMMITTEE:

Californians for Justice

I.D. NUMBER (IF COMMITTEE)

802246

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of Schedule E and the *Information Manual on Campaign Disclosure* for detailed explanations and examples of each category.

"C" - CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES
 "I" - INDEPENDENT EXPENDITURES
 "L" - LITERATURE
 "B" - BROADCAST ADVERTISING
 "N" - NEWSPAPER AND PERIODICAL ADVERTISING
 "O" - OUTSIDE ADVERTISING

"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
 "F" - FUNDRAISING EVENTS
 "G" - GENERAL OPERATIONS AND OVERHEAD
 "T" - TRAVEL, ACCOMMODATIONS AND MEALS
 "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

| NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR NAME AND ADDRESS OF TREASURER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| American Business Communications 251 Michelle Court South San Francisco, CA 94080 | L | (2 checks) | 1,081.31 |
| Computerize Typesetting 989 Howard Street San Francisco, CA 94103 | L | (2 checks) | 328.00 |
| Friends of Art Agnos ID#747235 637 Connecticut Street San Francisco, CA 94107 | C | (2 checks) | 5,532.90 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

☐ If more space is needed, check box and attach additional Schedules E.

SUBTOTAL

6,942.21

SCHEDULE F

**ACCRUED EXPENSES
(UNPAID BILLS)**

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

| STATEMENT COVERS PERIOD | |
|-------------------------|---------|
| FROM | THROUGH |
| 3/18/84 | 5/24/84 |

NAME OF CANDIDATE OR COMMITTEE:
Californians for Justice

I.D. NUMBER (IF COMMITTEE)
802246

CODES FOR CLASSIFYING ACCRUED EXPENSES

If one of the following codes is used to describe the accrued expense, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the *Information Manual on Campaign Disclosure* for detailed explanations and examples of each category.

| | |
|---|--|
| "C" - CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |
| "I" - INDEPENDENT EXPENDITURES | "F" - FUNDRAISING EVENTS |
| "L" - LITERATURE | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "B" - BROADCAST ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS |
| "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| "O" - OUTSIDE ADVERTISING | |

If one of the above codes does not accurately or fully describe the accrued expense, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

| NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR NAME AND ADDRESS OF TREASURER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT ACCRUED |
|--|---------|------------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| SUBTOTAL | | | -0- |

☐ If more space is needed, check box, and attach additional Schedules F

IMPORTANT: Do not itemize the *payment* of accrued expenses on Schedules E or F. Report the lump sum of these payments on Schedule E, Line 3, and on Schedule F, Line 4. Do not re-itemize accrued expenses which have been reported in a previous period.

SUMMARY

| | | |
|---|--------|-----|
| 1. Accrued Expenses of \$100 or More This Period | \$ -0- | |
| 2. Accrued Expenses of Under \$100 This Period (Not Itemized) | -0- | |
| 3. Total Accrued Expenses Incurred This Period (Line 1 + 2) | | -0- |
| 4. Accrued Expenses Paid This Period (Not Itemized) Enter here and on Schedule E, Line 3 | | -0- |
| 5. Net Change This Period (Subtract Line 4 from Line 3), Enter difference here and on Line 8, Column B of Summary Page | | -0- |

(May be
negative figure)

SCHEDULE G
MISCELLANEOUS ADJUSTMENTS TO CASH POSITION
FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

| STATEMENT COVERS PERIOD | |
|--|--|
| FROM | THROUGH |
| 3/18/84 | 5/24/84 |
| NAME OF CANDIDATE OR COMMITTEE: <div style="text-align: center;">Californians for Justice</div> | |
| I.D. NUMBER (IF COMMITTEE) <div style="text-align: center;">802246</div> | |
| DATE | DESCRIPTION OF ADJUSTMENT <small>(IF THE ADJUSTMENT INVOLVES A COMMITTEE, OTHER THAN THE FILER, ENTER THE COMMITTEE'S NAME AND ADDRESS. ALSO ENTER THE COMMITTEE'S I.D. NUMBER OR THE TREASURER'S NAME AND ADDRESS)</small> |
| | AMOUNT OF INCREASE TO CASH DECREASE TO CASH |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| SUBTOTAL | |
| <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> If more space is needed, check box at left and attach additional Schedules G (a) (b) </div> | |
| -0- -0- | |

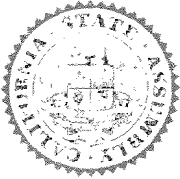
SUMMARY

| | | | | |
|----|--|----|-------|-------|
| 1. | INCREASES TO CASH OF \$100 OR MORE THIS PERIOD (Column (a)) | \$ | -0- | |
| 2. | INCREASES TO CASH OF LESS THAN \$100 THIS PERIOD (Not itemized) | | -0- | |
| 3. | TOTAL INCREASES TO CASH THIS PERIOD (Line 1 + Line 2) | | | -0- |
| 4. | DECREASES TO CASH OF \$100 OR MORE THIS PERIOD (Column (b)) | | -0- | |
| 5. | DECREASES TO CASH OF LESS THAN \$100 THIS PERIOD (Not itemized) | | 12.50 | |
| 6. | TOTAL DECREASES TO CASH THIS PERIOD (Line 4 + Line 5) | | | 12.50 |
| 7. | TOTAL MISCELLANEOUS ADJUSTMENTS TO CASH THIS PERIOD (Line 3 minus Line 6) Enter here and on Line 12 of Summary Page | | | 12.50 |

(May be negative figure)

SACRAMENTO ADDRESS
STATE CAPITOL
SACRAMENTO 95814
(916) 445-8253

DISTRICT OFFICE
1064 STATE BUILDING
350 MCALLISTER
SAN FRANCISCO, CA 94102
(415) 557-2253



JUN 5 11 01 AM '84

Assembly California Legislature

ART AGNOS
ASSEMBLYMAN, SIXTEENTH DISTRICT

CHAIRMAN
JOINT LEGISLATIVE AUDIT COMMITTEE

COMMITTEES
AGING AND LONG
TERM CARE
ELECTIONS AND
REAPPORTIONMENT
LABOR AND EMPLOYMENT
RIVER
WAYS AND MEANS
SELECT COMMITTEE ON
CHILD ABUSE

JOINT COMMITTEES
REFUGEE RESETTLEMENT
AND IMMIGRATION
LEGISLATIVE BUDGET
COMMITTEE

CHAIRMAN
WAYS AND MEANS SUBCOMMITTEE
ON HEALTH AND WELFARE

June 5, 1984

Ms. Barbara A. Milman
General Counsel
Fair Political Practices Commission
Post Office Box 807
Sacramento, California 95804

Re: Advice Letter No. A-84-149


Dear Ms. Milman:

Thank you for your Advice Letter of June 1.

With that in mind, I am complying with your advice with the understanding that I will seek a future remedy through the courts.

Please find enclosed a full disclosure of my statement covering the period from March 18, 1984 through May 24, 1984.

Sincerely,


ART AGNOS

AA:deb

Enclosure

cc: Secretary of State
Political Reform Division



FILE AN ORIGINAL AND ONE COPY OF THIS FORM WITH:

Secretary of State
Political Reform Division
P. O. Box 1467
Sacramento, CA 95807

Form 410
1984

STATEMENT OF ORGANIZATION (RECIPIENT COMMITTEE)
(Government Code Section 84101-84103)

802246

IF AMENDMENT
ENTER I.D. NUMBER

(Type or Print in Ink)

FULL NAME OF COMMITTEE:

Californians for Justice

STREET ADDRESS OF COMMITTEE:
(NOT P.O. BOX)

NO. AND STREET

CITY

STATE

ZIP CODE

COUNTY:

637 Connecticut Street San Francisco, CA 94107 San Francisco

DATE QUALIFIED AS COMMITTEE (MO., DAY, YR.):

AREA CODE

PHONE NUMBER

A

OFFICIAL USE ONLY

B

OFFICIAL USE ONLY

October 19, 1980

(415) 824-6936

I TREASURER AND OTHER PRINCIPAL OFFICERS

| POSITION | NAME AND PERMANENT STREET ADDRESS | (AREA CODE) | PHONE NO. |
|-----------|-----------------------------------|-------------|-----------|
| TREASURER | James Foster 1952 - 15th Street | (415) | 626-4512 |
| | San Francisco, CA 94114 | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

II IS THIS A CONTROLLED COMMITTEE?

(A controlled committee is one which is controlled directly or indirectly by a candidate or a proponent of a state ballot measure or which acts jointly with a candidate, controlled committee or proponent of a state ballot measure in connection with the making of expenditures. A candidate or proponent of a state ballot measure controls a committee if he or she, his or her agent, or any other committee he or she controls, has a significant influence on the actions or decisions of the committee.)

☒ YES (Complete Section III below)

☐ NO (Section III is not applicable)

III CANDIDATES OR STATE MEASURE PROPONENTS CONTROLLING THIS COMMITTEE; CANDIDATES, STATE MEASURE PROPONENTS OR COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY.

NOTE: If this committee is controlled by more than one candidate, the name of each controlling candidate must be listed below.

| NAME OF CANDIDATE, STATE MEASURE PROPONENT OR COMMITTEE | IDENTIFICATION NUMBER OF COMMITTEE OR TREASURER'S NAME AND PERMANENT STREET ADDRESS |
|---|---|
| Art Agnos, Assemblyman | #802246 |
| | |
| | |
| | |
| | |

Attach additional information on appropriately labeled continuation sheets.

IV PERSONS OR ORGANIZATIONS, IF ANY, WITH WHICH THIS COMMITTEE IS AFFILIATED OR CONNECTED

| NAME AND STREET ADDRESS | (AREA CODE) | PHONE NO. |
|-------------------------|-------------|-----------|
| | | |
| | | |
| | | |

Attach additional information on appropriately labeled continuation sheets.

YOU MUST COMPLETE THE VERIFICATION ON PAGE 2

For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act," Part X.



Form 420
1984

**RECIPIENT COMMITTEE
CAMPAIGN STATEMENT**
(Government Code Sections 84200-84217)

For use by recipient committees which receive a cumulative
contribution of \$100 or more from a single source.

(Type or Print in Ink)

Statement covers period from 3/18/84 through 5/24/84

A OFFICIAL USE ONLY

| | | | | | | |
|---|--------------------------------|-----------------------|-----------|--------------------------|--|-----------------|
| NAME OF COMMITTEE: Californians for Justice | | | | | I.D. NUMBER # 802246 | |
| ADDRESS OF COMMITTEE: | NO. AND STREET | CITY | STATE | ZIP CODE | AREA CODE | PHONE NUMBER |
| | 637 Connecticut Street, | San Francisco, | CA | 94107 | (415) | 824-6936 |
| NAME OF TREASURER: James M. Foster | | | | | | |
| PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER | | | | | | |
| 1952-15th Street, San Francisco, CA 94114 (415) 626-4512 | | | | | | |
| DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE): June 5, 1984 | | | | TOTAL PAGES 39 | SPONSORING ORGANIZATION (IF APPLICABLE): | |

II IS THIS A CONTROLLED COMMITTEE?

(A controlled committee is one which is controlled directly or indirectly by a candidate or a proponent of a state ballot measure or which acts jointly with a candidate, controlled committee or proponent of a state ballot measure in connection with the making of expenditures. A candidate or proponent of a state ballot measure controls a committee if he or she, his or her agent, or any other committee he or she controls, has a significant influence on the actions or decisions of the committee.)

☒ YES (Complete Section III below)

☐ NO (Section III is not applicable)

III CANDIDATES OR STATE MEASURE PROPONENTS CONTROLLING THIS COMMITTEE; CANDIDATES, STATE MEASURE PROPONENTS OR COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY.

NOTE: If this committee is controlled by more than one candidate, the name of each controlling candidate must be listed below.

| NAME OF CANDIDATE, STATE MEASURE PROPONENT OR COMMITTEE | IDENTIFICATION NUMBER OF COMMITTEE OR TREASURER'S NAME AND PERMANENT STREET ADDRESS |
|---|---|
| Art Agnos, Assemblyman | ID# 802246 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Attach additional information on appropriately labeled continuation sheets.

VERIFICATION

| | |
|----------|---|
| C | I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and that I have used all reasonable diligence in their preparation. |
| D | Executed on <u>5/22/84</u> at <u>San Francisco, CA</u> by <u>James M. Foster</u> <small>(DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)</small> |
| E | A candidate or officeholder who controls a committee must also verify the campaign statement. |
| F | I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and the treasurer of this committee has used all reasonable diligence in the preparation of this statement and its schedules. |
| | Executed on <u>5/23/84</u> at <u>Sacramento, CA</u> by <u>Art Agnos</u> <small>(DATE) (CITY AND STATE) (SIGNATURE OF CANDIDATE OR OFFICEHOLDER)</small> |

For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act," Part X.

ALLOCATION OF CONTRIBUTIONS AND EXPENDITURES MADE TO OR ON BEHALF OF OTHER CANDIDATES, OFFICEHOLDERS AND MEASURES:

List all contributions (including loans) and independent expenditures itemized on Schedules E and F to support or oppose officeholders, candidates and ballot measures (other than those controlling this committee or for which this committee is primarily formed). Indicate the date of the expenditure, the office sought or held (or the measure's number or letter and if local measure, city or county), the amount of the expenditure and the cumulative amount to date. The "Cumulative to Date" column should include the sum total of expenditures for or against each candidate or measure since January 1 of the current calendar year. (See "Information Manual on Campaign Disclosure" for discussion and examples of "cumulation.")

ALLOCATION OF CONTRIBUTIONS AND EXPENDITURES MADE TO OR ON BEHALF OF OTHER CANDIDATES, OFFICEHOLDER AND MEASURES (Allocate expenditures from Schedules E & F made to or on behalf of another candidate, officeholder or measure. Amounts may be rounded off to whole dollars.)

[illegible]

Attach additional information on appropriately labeled continuation sheets.

CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE
FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

| STATEMENT COVERS PERIOD | |
|----------------------------|---------|
| FROM | THROUGH |
| 3/18/84 | 5/24/84 |
| I.D. NUMBER (IF COMMITTEE) | |
| 802246 | |

NAME OF CANDIDATE OR COMMITTEE
Californians for Justice

| | COLUMN A Cumulative total from previous period * | COLUMN B Total this period from attached schedules | COLUMN C Cumulative to date (Columns A + B) |
|--|---|---|---|
| CONTRIBUTIONS RECEIVED | | | |
| 1. Monetary contributions | \$ 1,319.88 | \$ 13,983.90 SCHEDULE A, LINE 3 | \$ 15,303.78 |
| 2. Loans | -0- | -0- SCHEDULE B, LINE 6 | -0- |
| 3. Subtotal | \$ 1,319.88 LINES 1 - 2 | \$ 13,983.90 LINES 1 - 2 | \$ 15,303.78 LINES 1 - 2 |
| 4. Non-monetary contributions | -0- | -0- SCHEDULE C, LINE 3 | -0- |
| 5. Pledges | -0- | -0- SCHEDULE D, LINE 7 | -0- |
| 6. TOTAL CONTRIBUTIONS | \$ 1,319.88 LINES 3 + 4 + 5 | \$ 13,983.90 LINES 3 + 4 + 5 | \$ 15,303.78 LINES 3 + 4 + 5 (SHOULD EQUAL COLUMN A + B) |
| EXPENDITURES MADE | | | |
| 7. Payments | \$ 1,916.31 | \$ 12,798.06 SCHEDULE E, LINE 4 | \$ 14,714.37 |
| 8. Accrued expenses (unpaid bills) | -0- | -0- SCHEDULE F, LINE 3 | -0- |
| 9. TOTAL EXPENDITURES | \$ 1,916.31 LINES 7 + 8 | \$ 12,798.06 LINES 7 + 8 | \$ 14,714.37 LINES 7 + 8 (SHOULD EQUAL COLUMN A + B) |

*If this is the first report filed for the calendar year, Column A should be blank except for unpaid loans, bills and pledges.

STATEMENT OF CHANGES IN FINANCIAL CONDITION

| | |
|--|-------------|
| 10. Cash on hand at the beginning of this period. (Line 14 of previous statement) . | \$ 318.82 |
| 11. Cash receipts this period (Line 3, Column B above) | 13,983.90 |
| 12. Miscellaneous adjustments to cash (Schedule G, Line 7) | < 12.50 > |
| 13. Cash payments this period (Line 7, Column B above) | 12,798.06 |
| 14. Cash on hand at closing date (Lines 10+11+12-13 above) * | 1,492.16 |
| 15. Outstanding debts (Line 2 + Line 8 of Column C above) | -0- |
| 16. Ending surplus (if Line 14 is greater than Line 15, subtract Line 15 from Line 14) | \$ 1,492.16 |
| 17. Ending deficit (if Line 15 is greater than Line 14, subtract Line 14 from Line 15) | \$ (-0-) |

*Ending cash on hand should not be a negative amount.

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

| | 1/1 thru 6/30 | 7/1 to date |
|-----------------------------|---------------|-------------|
| 18. CONTRIBUTIONS RECEIVED: | 15,303.78 | |
| 19. EXPENDITURES MADE: | 14,714.37 | |

SCHEDULE A

MONETARY CONTRIBUTIONS RECEIVED FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 3/18/84 THROUGH 5/24/84

NAME OF CANDIDATE OR COMMITTEE:
Californians for Justice

I.D. NUMBER (IF COMMITTEE)
802246

| DATE REC'D | FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS) | OCCUPATION | EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT | |
|--|--|---------------------------------|---|----------|-----------------------|
| | | | | RECEIVED | CUMULATIVE TO DATE |
| 6/1/84 | David B. Goodstein P. O. Box 2290 Malibu, CA 90264 | newspaper owner/ investor | Liberation Publications Inc. | 1,000 | 1,000 |
| 6/1/84 | Theodore W. Ingram 14226 Greenleaf St. Sherman Oaks, CA 91423 | Optician | S & D Corporation | 200 | 200 |
| 6/1/84 | Duke Comegys 2034 Outpost Drive Los Angeles, CA 90068 | Investor | Westfork Props. | 100 | 100 |
| 6/1/84 | Capitol Aquarium 1920-29th Street Sacramento, CA 95816 | owner | Capitol Aquarium | 100 | 100 |
| 6/1/84 | Vulcan Steam & Sauna, Inc. 805 W. Cedar St. San Diego, CA 92101 | | | 100 | 100 |
| 6/1/84 | Richard M. Davis 3090 Diablo Shadow Dr. Walnut Creek, CA 94998 | Retired | | 100 | 100 |
| 6/1/84 | Boyce R. Hinman 6212 Silverton Way Carmichael, CA 95608 | training writer | Employment Development Department | 100 | 100 |
| <input checked="" type="checkbox"/> If more space is needed, check box at left and attach additional Schedules A. | | | | SUBTOTAL | 1,700 |

SUMMARY

| | |
|--|-------------|
| 1. AMOUNT RECEIVED - CONTRIBUTIONS OF \$100 OR MORE (Include all Schedule A subtotals) | \$ 8,507.90 |
| 2. AMOUNT RECEIVED - CONTRIBUTIONS OF LESS THAN \$100 (Not itemized) | 5,476.00 |
| 3. TOTAL MONETARY CONTRIBUTIONS THIS PERIOD (Line 1 + Line 2) Enter here and on Line 1 Column B of Summary Page | \$13,983.90 |

SCHEDULE A

**MONETARY CONTRIBUTIONS RECEIVED
(CONTINUATION SHEET)**

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 3/18/84 THROUGH 5/24/84

| NAME OF CANDIDATE OR COMMITTEE: | | | | I.D. NUMBER (IF COMMITTEE) | |
|--|--|---------------------|---|----------------------------|-----------------------|
| Californians for Justice | | | | 802246 | |
| DATE REC'D | FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)</small> | OCCUPATION | EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT | |
| | | | | RECEIVED | CUMULATIVE TO DATE |
| 5/1/84 | M.L. East 4019 Folsom St. San Francisco, CA 94110 | Retired | | 100 | 100 |
| 5/1/84 | Martin Benson 7269 Melrose Avenue Los Angeles, CA 90046 | Owner | Midtowne Spa | 100 | 100 |
| 5/1/84 | David R. Kessler, M.D. 401 Parnassus Avenue San Francisco, CA 94143 | Psychiatrist | University of Calif. | 100 | 100 |
| 5/1/84 | Scott JP Tobin 2095 California St. San Francisco, CA 94109 | Computer Analyst | Pacific Bell | 100 | 100 |
| 5/1/84 | John Franzenburg 43 Sanchez St. San Francisco, CA 94114 | Cabinet Builder | SELF employed | 100 | 100 |
| 5/1/84 | Mark Leno 590 Clipper St. San Francisco, CA 94114 | owner | Budget Signs | 100 | 100 |
| 5/1/84 | Normal A. Castle 155 Hyde St. San Francisco, CA 94102 | retired | | 100 | 100 |
| 5/14/84 | Charles L. Wallau 1726 Carver St. Redondo Beach, CA 90278 | Gen. Mgr. | Gold Coast Jewelry | 100 | 100 |
| 5/14/84 | Donald J. Anderson 3655 Oakfield Sherman Oaks, CA 91423 | Retired | | 100 | 100 |
| 5/16/84 | David L. Harsany, MD. 116 Austrian Way Aptos, CA 95003 | physician | Santa Cruz Medical Clinic | 250 | 250 |
| 3/28/84 4/5/84 4/9/84 4/24/84 | Friends of Art Agnos 637 Connecticut St. San Francisco, CA 94107 | | ID#747235 (4 checks) | 5,557.90 | 5,557.90 |
| <input checked="" type="checkbox"/> If more space is needed, check box at left and attach additional Schedules A. | | | | SUBTOTAL | 6,707.90 |

SCHEDULE A

**MONETARY CONTRIBUTIONS RECEIVED
(CONTINUATION SHEET)**

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

| STATEMENT COVERS PERIOD | |
|-------------------------|---------|
| FROM | THROUGH |
| 3/18/84 | 5/24/84 |

NAME OF CANDIDATE OR COMMITTEE:
Californians for Justice

I.D. NUMBER (IF COMMITTEE)
802246

| DATE REC'D | FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)</small> | OCCUPATION | EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT | |
|-----------------|--|------------|---|----------|-----------------------|
| | | | | RECEIVED | CUMULATIVE TO DATE |
| 5/17/84 | James L. Boone 2 Sundridge Irvine, CA 92714 | Manager | U.S. Borax | 100 | 100 |
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| SUBTOTAL | | | | 100 | |

☐ If more space is needed, check box at left
and attach additional Schedules A.

LOANS

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD

FROM THROUGH

3/18/84

5/24/84

NAME OF CANDIDATE OR COMMITTEE:

Californians for Justice

I.D. NUMBER (IF COMMITTEE)

802246

PART 1 - LOANS RECEIVED

| DATE REC'D | FULL NAME AND ADDRESS OF LENDER AND ANY GUARANTORS OR COSIGNERS (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS) | OCCUPATION | EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | INT. RATE | AMOUNT OF LOAN | CUMULATIVE TO DATE |
|------------|--|------------|---|-----------|----------------|--------------------|
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If more space is needed, check box at left and attach additional Schedules B, Part 1.

SUBTOTAL

-0-

PART 2 - LOANS REPAYED, FORGIVEN, OR PAID BY A THIRD PARTY:

| DATE | FULL NAME AND ADDRESS OF THE LENDER | (a) AMOUNT REPAYED | ENTER THIS DATA ON SCHEDULE A ALSO | | UNPAID BALANCE |
|------|-------------------------------------|-----------------------|---|------------------------------|----------------|
| | | | (b) AMOUNT FORGIVEN OR PAID BY THIRD PARTY | THIRD PARTY NAME AND ADDRESS | |
| | | | | | |
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If more space is needed, check box at left and attach additional Schedules B, Part 2.

SUBTOTAL

-0-

-0-

SUMMARY

| | | |
|---|----|-----|
| 1. LOANS OF \$100 OR MORE THIS PERIOD (Part 1) | \$ | -0- |
| 2. LOANS UNDER \$100 THIS PERIOD (Not itemized) | | -0- |
| 3. TOTAL LOANS RECEIVED THIS PERIOD (Line 1 + 2) | | -0- |
| 4. LOANS OF \$100 OR MORE REPAYED THIS PERIOD (Part 2, Column (a)) | | -0- |
| 5. LOANS OF \$100 OR MORE THIS PERIOD FORGIVEN OR PAID BY A THIRD PARTY (Part 2, Column (b)) | | -0- |
| 6. LOANS UNDER \$100 REPAYED, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Not itemized) (Also enter this amount on Line 2 of Summary section of Schedule A) | | -0- |
| 7. TOTAL LOANS REPAYED, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Line 4 + 5 + 6) | | -0- |
| 8. NET CHANGE THIS PERIOD (Subtract Line 7 from Line 3) Enter the difference here and on Line 2, Column B of Summary Page | \$ | -0- |

(May be negative figure)

NON-MONETARY CONTRIBUTIONS RECEIVED

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

| STATEMENT COVERS PERIOD | |
|-------------------------|--------------------|
| FROM 3/18/84 | THROUGH 5/24/84 |

NAME OF CANDIDATE OR COMMITTEE:

Californians for Justice

I.D. NUMBER (IF COMMITTEE)

802246

| DATE REC'D | FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)</small> | OCCUPATION | EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | DESCRIPTION OF GOODS OR SERVICES | FAIR MARKET VALUE RECEIVED | CUMU- LATIVE AMOUNT |
|---------------|--|------------|---|-------------------------------------|-------------------------------------|---------------------------|
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If more space is needed, check box at left
and attach additional Schedules C.

SUBTOTALS

-0-

SUMMARY

| | | | |
|--|----|-----|--------|
| 1. NON-MONETARY CONTRIBUTIONS OF \$100 OR MORE THIS PERIOD. | \$ | -0- | |
| 2. NON-MONETARY CONTRIBUTIONS UNDER \$100 THIS PERIOD (Not itemized). | | -0- | |
| 3. TOTAL NON-MONETARY CONTRIBUTIONS THIS PERIOD (Line 1 + 2) Enter here and on Line 4, Column B of Summary Page | | - | \$ -0- |

SCHEDULE D

PLEDGES

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

| STATEMENT COVERS PERIOD | |
|-------------------------|---------|
| FROM | THROUGH |
| 3/28/84 | 5/24/84 |

NAME OF CANDIDATE OR COMMITTEE:

Californians for Justice

I.D. NUMBER (IF COMMITTEE)
802246

| DATE REC'D | FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER OR TREASURER'S NAME AND ADDRESS)</small> | OCCUPATION | EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT PLEGGED THIS PERIOD | AMOUNT PAID <small>(ALSO ENTER ON SCHEDULE A)</small> | CUMU- LATIVE PLEGGED UNPAID |
|---|--|------------|---|-------------------------------------|---|--------------------------------------|
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| <input type="checkbox"/> If more space is needed, check box at left and attach additional Schedules D. | | | | (a) SUBTOTALS | (b) -0- | -0- |

SUMMARY

| | | |
|---|----|--------|
| 1. PLEDGES OF \$100 OR MORE THIS PERIOD (Column (a)) | \$ | -0- |
| 2. PLEDGES UNDER \$100 THIS PERIOD (Not itemized) | | -0- |
| 3. TOTAL PLEDGES RECEIVED (Line 1 + 2) | | -0- |
| 4. PLEDGES OF \$100 OR MORE PAID THIS PERIOD (Column (b)) | | -0- |
| 5. PLEDGES UNDER \$100 PAID THIS PERIOD (Not itemized) (Also enter on Line 2 of the summary section of Schedule A) | | -0- |
| 6. TOTAL PLEDGES PAID (Line 4 + 5) | | -0- |
| 7. NET CHANGE THIS PERIOD (Subtract Line 6 from Line 3) Enter the difference here and on Line 5, Column B of Summary Page. | | \$ -0- |

(May be
negative figure)

PAYMENTS AND CONTRIBUTIONS MADE

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

| STATEMENT COVERS PERIOD | |
|----------------------------|---------|
| FROM | THROUGH |
| 3/18/84 | 5/24/84 |
| I.D. NUMBER (IF COMMITTEE) | |
| 802246 | |

NAME OF CANDIDATE OR COMMITTEE:
Californians for Justice

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the *Information Manual on Campaign Disclosure* for detailed explanations and examples of each category.

- | | |
|--|---|
| <p>"C" - CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES</p> <p>"I" - INDEPENDENT EXPENDITURES</p> <p>"L" - LITERATURE</p> <p>"B" - BROADCAST ADVERTISING</p> <p>"N" - NEWSPAPER AND PERIODICAL ADVERTISING</p> <p>"O" - OUTSIDE ADVERTISING</p> | <p>"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS</p> <p>"F" - FUNDRAISING EVENTS</p> <p>"G" - GENERAL OPERATIONS AND OVERHEAD</p> <p>"T" - TRAVEL, ACCOMMODATIONS AND MEALS</p> <p>"P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES</p> |
|--|---|

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

IMPORTANT: Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of these payments on Line 3 of the Summary section, below.

| NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR NAME AND ADDRESS OF TREASURER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|--------------------------------------|----------------|
| Post Master General 1300 Evans Street San Francisco, CA | L | (3 checks) | 2,775.00 |
| Allen's Press Clipping Bureau 657 Mission Street San Francisco, CA 94105 | I | Press clipping service (3 checks) | 110.00 |
| The Women's Press 50 Otis Street San Francisco, CA 94103 | L | | 2,832.90 |
| | | | |
| Lesbian/Gay Freedom Day Committee 766 Valencia Street San Francisco, CA 94110 | I | Parade application fee | 100.00 |
| SUBTOTAL | | | 5,823.90 |

☒ If more space is needed, check box and attach additional Schedules E.

IMPORTANT: Contributions and expenditures on behalf of other candidates or committees must also be entered in the allocation section at the front of the campaign statement.

SUMMARY

| | | | |
|----|--|----|-----------|
| 1. | Payments of \$100 or more made this period (Include all Schedule E Subtotals) | \$ | 12,766.11 |
| 2. | Payments under \$100 this period (not itemized) | \$ | 31.95 |
| 3. | Total Accrued Expenses paid this period (Schedule F, Line 4) | \$ | -0- |
| 4. | Total Payments this period (Line 1 + 2 + 3) Enter here and on Line 7, Column B of Summary Page | \$ | 12,798.06 |

PAYMENTS AND CONTRIBUTIONS MADE

(CONTINUATION SHEET)

FORM 420, 430 OR 490)

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD

FROM THROUGH

3/18/84 5/24/84

NAME OF CANDIDATE OR COMMITTEE:

Californians for Justice

I.D. NUMBER (IF COMMITTEE)

802246

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exception: on the back of this schedule for codes "C", "I" and "T".) Refer to the back of Schedule E and the *Information Manual on Campaign Disclosure* for detailed explanations and examples of each category.

"C" - CONTRIBUTIONS TO OTHER CANDIDATES
OR COMMITTEES
"I" - INDEPENDENT EXPENDITURES
"L" - LITERATURE
"B" - BROADCAST ADVERTISING
"N" - NEWSPAPER AND PERIODICAL ADVERTISING
"O" - OUTSIDE ADVERTISING

"S" - SURVEYS, SIGNATURE GATHERING,
DOOR-TO-DOOR SOLICITATIONS
"F" - FUNDRAISING EVENTS
"G" - GENERAL OPERATIONS AND OVERHEAD
"T" - TRAVEL, ACCOMMODATIONS AND MEALS
"P" - PROFESSIONAL MANAGEMENT AND
CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

| NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR NAME AND ADDRESS OF TREASURER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|----------------|
| American Business Communications 251 Michelle Court South San Francisco, CA 94080 | L | (2 checks) | 1,081.31 |
| Computerize Typesetting 989 Howard Street San Francisco, CA 94103 | L | (2 checks) | 328.00 |
| Friends of Art Agnos ID#747235 637 Connecticut Street San Francisco, CA 94107 | C | (2 checks) | 5,532.90 |
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☐ If more space is needed, check box and
attach additional Schedules E.

SUBTOTAL

6,942.21

SCHEDULE F

ACCRUED EXPENSES (UNPAID BILLS)

FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 3/18/84 THROUGH 5/24/84

NAME OF CANDIDATE OR COMMITTEE:
Californians for Justice

I.D. NUMBER (IF COMMITTEE)
802246

CODES FOR CLASSIFYING ACCRUED EXPENSES

If one of the following codes is used to describe the accrued expense, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the *Information Manual on Campaign Disclosure* for detailed explanations and examples of each category.

- | | |
|---|--|
| "C" - CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |
| "I" - INDEPENDENT EXPENDITURES | "F" - FUNDRAISING EVENTS |
| "L" - LITERATURE | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "B" - BROADCAST ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS |
| "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| "O" - OUTSIDE ADVERTISING | |

If one of the above codes does not accurately or fully describe the accrued expense, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

| NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER OR NAME AND ADDRESS OF TREASURER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT ACCRUED |
|--|---------|------------------------|-------------------|
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☐ If more space is needed,
check box, and attach additional Schedules F

SUBTOTAL -0-

IMPORTANT: Do not itemize the *payment* of accrued expenses on Schedules E or F. Report the lump sum of these payments on Schedule E, Line 3, and on Schedule F, Line 4. Do not re-itemize accrued expenses which have been reported in a previous period.

SUMMARY

| | | |
|---|--------|-----|
| 1. Accrued Expenses of \$100 or More This Period | \$ -0- | |
| 2. Accrued Expenses of Under \$100 This Period (Not Itemized) | -0- | |
| 3. Total Accrued Expenses Incurred This Period (Line 1 + 2) | | -0- |
| 4. Accrued Expenses Paid This Period (Not Itemized) Enter here and on Schedule E, Line 3 | | -0- |
| 5. Net Change This Period (Subtract Line 4 from Line 3), Enter difference here and on Line 8, Column B of Summary Page | | -0- |

(May be
negative figure)

SCHEDULE G
MISCELLANEOUS ADJUSTMENTS TO CASH POSITION
FORM 420, 430 OR 490

(Amounts May Be Rounded To Whole Dollars)

| STATEMENT COVERS PERIOD | |
|-------------------------|---------|
| FROM | THROUGH |
| 3/18/84 | 5/24/84 |

NAME OF CANDIDATE OR COMMITTEE:

Californians for Justice

I.D. NUMBER (IF COMMITTEE)

802246

| DATE | DESCRIPTION OF ADJUSTMENT <small>(IF THE ADJUSTMENT INVOLVES A COMMITTEE, OTHER THAN THE FILER, ENTER THE COMMITTEE'S NAME AND ADDRESS. ALSO ENTER THE COMMITTEE'S I.D. NUMBER OR THE TREASURER'S NAME AND ADDRESS)</small> | AMOUNT OF | |
|---|--|------------------------|---------------------|
| | | INCREASE TO CASH | DECREASE TO CASH |
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| <input type="checkbox"/> If more space is needed, check box at left and attach additional Schedules G | | (a) SUBTOTAL -0- | (b) -0- |

SUMMARY

| | | | |
|----|--|--------|-------|
| 1. | INCREASES TO CASH OF \$100 OR MORE THIS PERIOD (Column (a)) | \$ -0- | -0- |
| 2. | INCREASES TO CASH OF LESS THAN \$100 THIS PERIOD (Not itemized) | -0- | -0- |
| 3. | TOTAL INCREASES TO CASH THIS PERIOD (Line 1 + Line 2) | | -0- |
| 4. | DECREASES TO CASH OF \$100 OR MORE THIS PERIOD (Column (b)) | -0- | |
| 5. | DECREASES TO CASH OF LESS THAN \$100 THIS PERIOD (Not itemized) | 12.50 | |
| 6. | TOTAL DECREASES TO CASH THIS PERIOD (Line 4 + Line 5) | | 12.50 |
| 7. | TOTAL MISCELLANEOUS ADJUSTMENTS TO CASH THIS PERIOD (Line 3 minus Line 6) Enter here and on Line 12 of Summary Page | | 12.50 |

(May be negative figure)